

Category: EXO.1 Expeditionary Medical Operations

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Area EXO.1.1 Medical Readiness Planning and Oversight

Introduction This section contains all areas and elements related to medical readiness planning and oversight.

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Element EXO.1.1.1 (formerly MR.1.2.1)

Readiness Reporting/Aerospace Expeditionary Forces Reporting Tool (ART)

Evaluation Criteria

- The unit had established plans and procedures to ensure MRDSS (WBITS, or designated system) was updated monthly
 - Accurately reflected squadron's mission readiness status
 - Briefed/presented to MRSF/EMC monthly
 - The squadron SORTS monitor:
 - Ensured the report included all required elements of the DOC statement plus any additional elements defined in supplements to the AFI
 - Conducted monthly review of reporting data for quality and accuracy
 - Properly annotated Elements rated lower than C-1:
 - Used appropriate reason codes
 - Forecasted get-well dates for all deficient areas
 - Explained get-well date extensions
 - Explained shortfalls in remarks
 - Ensured commander assessments sufficiently explained rating adjustments
 - Skill level, or AFSC substitutions were appropriate
 - Briefed MRSF/EMC monthly
 - The squadron commander reviewed and certified accuracy monthly
-

Scoring

- 4: Criteria met.
- 3: Minor reporting or oversight errors, mostly administrative in nature, did not adversely affect the overall accuracy of the reports. For example:
 - Insufficient explanation of commander's rating adjustments
- 2: Partial compliance with evaluation criteria. For example:
 - Report errors were not corrected
 - Information in the reports was inaccurate, or could be misinterpreted and result in erroneous readiness assessments
 - Get-well dates were not realistic or not based on available information
 - A deficient area was identified but would not affect the overall rating of the report
 - Skill level or AFSC substitutions were inappropriate
- 1: Minimal compliance with evaluation criteria. For example:
 - Incorrect reporting which caused inaccurate readiness ratings
 - Ineffective or insufficient oversight resulted in inaccurate reports

0: Noncompliance with multiple evaluation criteria or with basic program requirements. There were significant inaccuracies in MRDSS/SORTS reports.

NA: Not scored.

Protocol

Protocols 14/16 are the pertinent protocols for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 10-201; AFI 41-106; DoDI 1322.24; AFRC and ANG supplements, if applicable

Element EXO.1.1.2 (formerly MR.1.2.4)

War Reserve Materiel (WRM) Program Management

Evaluation Criteria

- Inventories of WRM in the possession of detached units were completed with adjustment documents properly signed, coordinated and approved
 - Inventories were conducted IAW time requirements for stored assemblages and for assets returning from deployments and exercises; if not, extension requests were properly coordinated
 - Dated and deteriorated items/equipment were properly managed
 - Printed QA listings were used jointly by the host and detached facility commanders or their designated reviewers to make decisions on retaining outdated items
 - Non-Rotatable Dated Item List (MEDLOG) or Detailed Items Report (DMLSS 3.X) was worked promptly and expired items were:
 - Posted with new expiration dates when properly extended
 - Marked IAW current directives and guidelines
 - Removed from the inventory if non-reportable as excess, could not be extended or used prior to expiration date
 - For squadrons in possession of WRM, inspection of warehouses, storage areas and assemblages were conducted and actions were taken to resolve noted deficiencies
 - Storage provisions for WRM prevented pilferage, vermin infestation and the deteriorating effects of weather, light, moisture and extreme temperatures
 - Host/Tenant Support Agreement terms clearly identified host and detached squadron responsibilities regarding WRM possession, management, maintenance and storage
 - Medical equipment repair support was coordinated between active duty host and supported units
 - Quality assurance listings and applicable portions of the WRM Medical Stock Status Report (MEDLOG) or Assemblage Status Report (DMLSS 3.X) were forwarded to supported units with WRM tasking
 - An accurate WRM report was provided for status of resources and training system (SORTS) monthly reporting purposes
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Scoring

- 4: Criteria met.
- 3: Minor deficiencies in program management did not adversely impact operational capabilities of deploying forces.
- 2: Significant deficiencies potentially limited the operational capabilities of deploying forces within designed operational capability (DOC) statement time-phased requirements. For example:

- Expiring and expired items weren't managed in accordance with prescribing directives
- WRM storage was insufficient to prevent pilferage, vermin infestation and deteriorating effects of weather, light, moisture and extreme temperatures

1: Minimal compliance with one or more evaluation criteria. Extensive WRM management deficiencies limited operational capabilities of deploying forces within DOC statement time-phased requirements, or asset condition was not reflected in SORTS and/or not readily deployable.

0: Noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Deficiencies existed to the extent that the program was inadequately managed and precluded or seriously limited the operational capability of deploying forces within DOC statement time-phased requirements.

NA: Not scored.

Protocol

Protocol 15 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 10-201, Chap 5; AFI 10-403, Chap 4; AFI 41-201; AFI 41-209; AFMAN 23-110, Vol 5; AFRC and ANG supplements, if applicable

Element EXO.1.1.3 (formerly MR.1.2.3)

Squadron and Base Support Plan(s)

**Evaluation
Criteria**

- Unit and base support/response plans were current and reviewed annually
 - Changes/revisions to base plans were approved by the MRSF/EMC before submitted to the base plans office
 - Interim changes/revisions to unit and base plans were coordinated with appropriate work centers, approved and distributed
 - Collocated reserve component units:
 - Were listed as a manpower resource in the active duty MCRP
 - Provided the number and AFSC of unit personnel to include in the MCRP
 - Non-collocated reserve component units:
 - Reflected their disaster response capabilities in base support plans
 - Reserve component units ensured their wartime missions were included in the parent wing mobilization plan
 - Units tasked under an MCRP or BSP identified peacetime disaster team training requirements
 - Each team identified received training annually
 - Checklists were current, reviewed annually and supported the plan(s)
 - Team checklists described specific functions and were readily available to team members
 - Training was consistent with the installation and organization contingency support mission and plans
 - Team chiefs developed training schedules, lesson plans and documented training
-

Scoring

- 4: Criteria met.
- 3: Minor deficiencies in oversight of organizational processes, mostly administrative, did not adversely affect overall program outcome. For example:
- There was a lack of follow-up on coordination from one or two work centers tasked by the plan(s)
 - There was minor, conflicting data within the plan(s)
 - Checklists were not readily available to team members
- 2: Deficiencies existed which resulted in unclear or questionable taskings in squadron or base plans. For example:
- No documented evidence of work centers, EMC or wing coordination and approval
 - Inaccurate squadron taskings in the plan could cause confusion during plan implementation and affect mission accomplishment
 - No attempt had been made to coordinate and submit changes to base

plans when there were significant changes in medical support capability

- Lesson plans and checklists existed, but were outdated
- Team training requirements could not be validated

- 1: Minimal compliance with evaluation criteria. Squadron readiness or response capability was questionable. For example:
- Significant responsibilities, missions and tasks were not included in the MCRP or base level plans
 - Multiple items missing from the plan that would cause confusion during plan implementation and could affect mission accomplishment
 - Outdated base level plans were being maintained
 - Checklists, training schedules, or lesson plans not developed
 - Majority of team members were untrained
- 0: No compliance with multiple evaluation criteria and/or compliance with basic program requirements were not evident. For example:
- Squadron plans were outdated or did not exist
 - Plans tasked crucial medical support that the unit was no longer capable of providing

NA: Not scored.

Protocol

Protocol 14 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 41-106; AFI 10-212; AFI 10-402; AFI 10-403; AFI 10-404; AFI 32-4001; AFI 32-4002; AFMAN 32-4004; AFRCI 10-101; AFRC and ANG supplements, if applicable

Element EXO.1.1.4 (formerly MR.1.2.2)

Pre-Deployment Preparation Requirements – Medical Personnel

Evaluation Criteria

- The unit deployment manager ensured personnel assigned to mobility positions met readiness requirements to include:
 - Current immunizations
 - ID tags
 - ID card
 - DD Form 93, Record of Emergency Data
 - Geneva Convention Card
 - Personnel briefed on wills, power of attorney, family care plan and family readiness matters as applicable to deploying member
 - Mechanism to periodically assess personal item preparation, e.g., uniforms, clothing, etc.
 - A systematic process existed for assigning medical personnel to mobility positions
 - Personnel assignment was within allowable grade and skill level substitutions
 - All personnel selected for mobility/deployment meet eligibility requirements
 - The Unit Deployment Manager:
 - Evaluated and reported staffing shortfall concerns to the medical readiness staff function/executive management committee
 - Integrated deployment system or the AF Form 4005, *Individual Deployment Requirements* was used to track personnel preparedness
 - Other requirements as specified in the base deployment plan
-

Scoring

- 4: Criteria met.
- 3: Minor deficiencies in deployment preparations/staffing did not adversely affect overall program outcomes.
- 2: Deficiencies existed that could have an adverse effect on program outcomes. For example:
 - Deployment preparation/staffing processes were reactive
 - The potential existed for assignment of personnel who were not adequately prepared to support deployment tasks
 - Personnel were not advised on recommended personal items or mobility arrangements

- 1: Minimal compliance with one or more evaluation criteria. Significant deficiencies in deployment preparedness/staffing compromised key deployment components. For example:
- Personnel shortfalls/LIMFACs existed without MRSF/EMC involvement
 - Unqualified personnel were assigned to mobility positions
 - Mobility folders indicated a severe pattern of missing or outdated items required by personnel on mobility
- 0: Noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Significant potential existed for the unit's wartime mission capability to be degraded. Extensive deficiencies existed in deployment preparedness and staffing.

NA: Not scored.

Protocol

Protocol 14 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 10-201, Chap 4; AFI 10-403; AFRC and ANG supplements, if applicable

Area EXO.1.2 Medical Readiness Training

Introduction This section contains all elements related to Medical Readiness Training.

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Element EXO.1.2.1 (formerly MR.1.1.1)

Exercise Requirements, Development and Evaluation

Evaluation Criteria

- MRSF/EMC reviewed and approved the unit readiness exercise program including planning and execution (mass casualty, or other exercises as applicable)
 - Annual mass casualty exercise requirements were accomplished
 - All medical personnel participated
 - Exercises were conducted/operated in simulated conditions
 - Exercise scenarios were realistic, contingency based and included:
 - AFSC specific competency training objectives
 - Assigned UTCs
 - Non-AFSC (medical readiness) training objectives
 - Intra-theater and inter-theater interfacing
 - Theater CONOPS
 - Rules of engagement
 - Supporting base plans
 - Procedures for patient tracking from first point of entry through echelons of care were established and exercised (to the extent possible)
 - Conduct of AE operations were primarily focused on:
 - Understanding the medical/AE CONOPS
 - Evolution of medical/AE operational capabilities
 - Patient preparation for evacuation
 - Realistic and safe flight operations
 - Establishment of logistical and communications support
 - Development of base operational support (to include weapons)
 - Reports assessed effectiveness of exercise planning processes and guidance, training programs, and operational responses
 - Trained evaluators performed performance assessments based on specific exercise objectives
 - Post-exercise or incident critiques were conducted by team chiefs, exercise evaluators, medical readiness staff, and addressed:
 - Cross-feed among participants
 - Training deficiencies
 - Areas for improvement
 - Response plan improvement
 - Post-exercise or incident summary:
 - Comprehensive report focused on unit involvement
 - Provided a forum for written and verbal inputs from team chiefs and EET
 - Submitted and reviewed by EMC
 - Corrective actions assigned OPRs and estimated completion dates
-

Scoring

4: Criteria met.

- 3: Exercises and post-exercise or incident summaries were accomplished but minor, mostly administrative-type deficiencies, detracted from overall program execution.
- 2: Deficiencies existed in execution of program elements. For example:
 - Exercise plans and scenario development were conducted, but post exercise or incident summaries were not accomplished
 - Exercise plans were not fully developed with input from team leaders and section chiefs that incorporated AFSC specific training objectives
 - Exercise plans or scenario development did not incorporate UTC specific training objectives
 - Scenario development did not reflect likely contingency taskings
 - Post-exercise/incident summaries were accomplished, but did not include input from team chiefs/leaders, evaluators and participants
- 1: Significant deficiencies in meeting exercise requirements compromised key components of contingency response. For example:
 - Exercises were scheduled but not accomplished
 - Exercise plans/scenario development lacked key components (e.g., AFSC specific, UTC specific and medical readiness training objectives)
 - Significant percentage of assigned medical personnel did not participate in scheduled exercises
- 0: Exercise requirements were not accomplished IAW AFI 41-106. The overall readiness of the squadron was compromised and response capability significantly degraded.

NA: Not scored.

Protocol

Protocol 14 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 41-106; AFI 10-212; AFMAN 10-401V1, Chap 27 (reference); AFMAN 10-401 V2, Annex Q (reference); AFI 32-4001, Chap 5; DOC statement; Mission Capability Statement(s); AFRC and ANG supplements, if applicable

Element EXO.1.2.2 (formerly MR.1.1.2)

Measurable Training Requirements

**Evaluation
Criteria**

- The squadron commander, MRSF/EMC, medical readiness officer/manager ensured personnel were trained in accordance with minimum requirements established in AFI 41-106 and other applicable directives
 - Training currency was routinely monitored and evaluated
 - Training was tailored to meet DOC statement tasking(s)
 - Training was provided to sufficient numbers of personnel to maintain a mission-ready status
 - Individuals assigned to mobility positions maintained currency in SORTS reportable training requirements
 - Mechanism was in place to train personnel who were absent and/or excused from scheduled training
 - Training shortfalls were identified
 - Plans and processes established to rectify training deficiencies
 - Training was documented using appropriate systems
 - Waivers were requested prior to granting an individual(s) equivalency credit for mandatory training requirements
 - A process existed to ensure personnel assigned to deployable UTCs completed UTC team-specific training requirements within six months of being assigned to a unit, or within six months of qualification in their AFSC
-

Scoring

- 4: Criteria met.
- 3: Training programs were adequate. Minor deficiencies, primarily administrative in nature, did not degrade training levels or capability to meet SORTS requirements.
- 2: Partial compliance with evaluation criteria. For example:
 - Measurable training requirements were not consistently accomplished
 - Personnel were not trained in UTC team-specific requirements
- 1: Minimal compliance with evaluation criteria. Significant deficiencies in training programs degraded levels of training, programs were potentially inadequate to support the organization's contingency tasks or the SORTS training rating was impacted.
- 0: Noncompliance with evaluation criteria. Squadron's ability to respond to contingencies was adversely affected. For example:
 - Training programs were nonexistent or not relevant to the organization's mission/tasks
 - SORTS reportable requirements had not been identified and trained

- Quality of training and availability of training resources were limited or nonexistent

NA: Not scored.

Protocol

Protocol 14 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 41-106; AFI 10-201; AFRC and ANG supplements, if applicable

Element EXO.1.2.3 (formerly MR.1.1.3)

Training with War Reserve Materiel (WRM) Assemblages

Evaluation Criteria	<ul style="list-style-type: none">- UTC deployable personnel exercised with DOC statement-assigned WRM equipment and materiel annually<ul style="list-style-type: none">-- Documented evidence of real-world deployment satisfies this requirement- Training programs were realistic and enabled UTC tasked personnel to evaluate the usefulness and serviceability of items in the assemblages- Limiting factors and shortfalls were formally identified to the medical readiness staff function/executive management committee- Organizations that did not possess WRM assets arranged hands-on training opportunities for tasked personnel or trained them to the extent possible
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Scoring	<p>4: Criteria met.</p> <p>3: Minor deficiencies existed, but did not degrade deployment capability.</p> <p>2: Partial compliance with evaluation criteria. Processes to train personnel or evaluate the status of WRM assemblages were not efficient or were limited. Potential existed to degrade ability to perform the mission.</p> <p>1: Minimal compliance with one or more evaluation criteria. For example:</p> <ul style="list-style-type: none">• Training programs were not adequate to train personnel to utilize WRM assemblages• Personnel had identified equipment that needed replacement but no plans were made for replacement <p>0: Noncompliance with multiple evaluation criteria and/or compliance with basic program requirements were not evident. Mission capability was degraded. Training programs and evaluation of WRM assemblages were not in place to meet mission taskings.</p> <p>NA: Not scored.</p>
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Protocol	Protocol 14 is the pertinent protocol for this element.
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Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.
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Reference(s)	AFI 41-106
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Element EXO.1.2.4 (formerly MR.1.1.4)

Air Force Specialty Code (AFSC) Specific Sustainment Training

Evaluation Criteria

- Units incorporated AFSC specific training requirements in the annual medical readiness training plan
 - All AFSCs assigned to deployable UTCs were identified
 - Training requirements were identified using the appropriate database
 - The commander had formally appointed a functional training manager as OPR for each AFSC
 - Reviewed training requirements
 - Identified personnel whose training requirements were satisfied during daily practice (to include civilian employment), routine in-services, exercises, etc.
 - Coordinated with medical readiness and/or education and training to determine methodology and timeline for scheduling and completion of training
 - Maintained a continuity binder that recorded, at a minimum:
 - Who received training
 - What training had been completed
 - When was the training completed
 - What requirements could not be trained within unit capabilities
 - Automated tracking systems may be used in lieu of a continuity binder
 - Ensured training was documented on an AF Form 1098, or equivalent (approved automated database may be used)
 - Maintained in the appropriate individual training record
 - A mechanism was in place to train personnel who were absent or excused from scheduled training
-

Scoring

- 4: Criteria met.
- 3: Training programs were adequate. Minor deficiencies did not degrade unit response capabilities or program requirements.
- 2: Partial compliance with evaluation criteria. Training programs were adequate; however, not all requirements were addressed appropriately. For example:
 - Majority of personnel were trained, but unit did not have an efficient make-up training program for those who missed scheduled training
 - Training documentation was inadequate

1: Minimal compliance with one or more evaluation criteria, causing potential degradation of response capability. Training programs were not adequate to ensure personnel were trained to support mission taskings.

0: Noncompliance with multiple evaluation criteria and/or basic program requirements. Unit was not capable of supporting mission taskings.

NA: Not scored.

Protocol

Protocol 14 is the pertinent protocol for this element.

**Inspector
Contact**

For assistance interpreting this element, please call DSN 246-1771/2566 and request an AE medical readiness inspector.

Reference(s)

AFI 41-106; AFI 44-119; AFRCI 41-102; HQ USAF/SGXT RSV Program training database; CFETPs